

Customer No. 24498
Serial No.: 60/431,512

PATENT
PU020489



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Terry Wayne Lockridge, et al.
Serial No. : 10/537,749
Filed : December 2, 2003
For : A METHOD AND SYSTEM OR PREMIUM CHANNEL AND PAY PER VIEW VIDEO RESELL
Examiner :
Art Unit :

INFORMATION DISCLOSURE STATEMENT

- [] 1 Pursuant to 37 CFR 1.97(b)
[within 3 months of filing or prior to 1st Office Action]
- [X] 2 Certification Pursuant to 37 CFR 1.97(c)
[before Final Office Action or Allowance]
- [] 3 Fee Payment Pursuant to 37 CFR 1.97(c)
[before Final Office Action or Allowance]
- [] 4 Petition, Certification & Petition Fee Payment Pursuant to 37 CFR 1.97(d)
[before issue fee payment]

Hon. Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 & 1.98:

[X] 5 A list of documents on form PTO-ISB/08 a together with copies of each identified-document, and a translation or a concise explanation of each non-English language document is enclosed herewith.

This paper is submitted in accordance with:

- [] 6 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]
- [X] 7 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and
- [] 8 The required certification made in item 11 below; or
- [X] 9 The \$180.00 fee specified in 37 CFR §1.17(p) for submission of this Information Disclosure Statement is authorized in item 14 below.
- [] 10 37 CFR§ 1.97(d): [before issue fee payment]; and
 - (a) This is a petition for consideration of the subject Information Disclosure Statement. The petition fee (\$130.00) required by 37 CFR 1.17(i)(1) is authorized in item 14 below. (Direct this letter to "Attention PETITIONS EXAMINER" and if applicable include batch locator information: e.g., "Allowed Files, Batch N/A, Date of Allowance N/A"), and
 - (b) The required Certification is stated in item 11 below.

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06/24/2008 WASFAM1 00000001 070832 180.00 DA
01 FC:1806

[] 11 Certification

[] 12 Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement; or

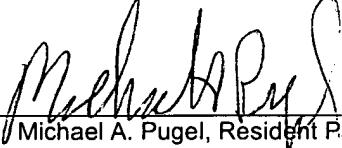
[] 13 No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.

[X] 14 Please charge the applicable fees associated with the submittal of this Information Disclosure Statement to Deposit Account No. 07-0832. An original and one (1) copy of this document is enclosed.

Respectfully Submitted,

Terry Wayne Lockridge, et al.

BY:


Michael A. Pugel, Resident Patent Agent
Registration No. 57,368
(317) 587-4027

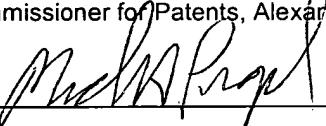
THOMSON Licensing LLC
Patent Operations
P.O. Box 5312
Princeton, New Jersey 08543-5312

DATE: June 19, 2008

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in a postage paid envelope addressed to: Commissioner for Patents, Alexandria, Virginia 22313-1450 on the date indicated below.

Date: June 19, 2008

Signature 

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2008

JUN 23 2008

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

180.00

Complete if Known

Application Number	10/537,749
Filing Date	December 2, 2003
First Named Inventor	Terry Wayne Lockridge, et al.
Examiner Name	
Art Unit	

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order None Other (please identify): _____

Customer Number 24498

 Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Small Entity

Fee (\$) Fee (\$)

Each claim over 20 (including Reissues)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	_____	= _____

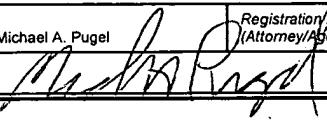
4. OTHER FEE(S)

IDS SUBMISSION

Fees Paid (\$)

180.00

SUBMITTED BY

Name (Print/Type)	Michael A. Pugel	Registration No. (Attorney/Agent)	57,368	Telephone	317-587-4027
Signature			Date	JUNE 19, 2008	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Effective on 12/08/2004.

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FEE TRANSMITTAL

for FY 2008

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Art Unit	
Attorney Docket No.	PU020489

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Check Credit card Money Order None Other (please identify): _____

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Small Entity

Fee (\$)

Fee (\$)

50 25

200 100

360 180

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

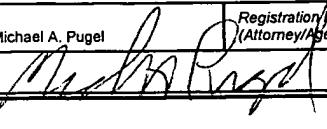
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)	Fees Paid (\$)
IDS SUBMISSION	180.00

SUBMITTED BY

Name (Print/Type)	Michael A. Pugel	Registration No. (Attorney/Agent)	57,368	Telephone	317-587-4027
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